POLLING SITE ACCESSIBILITY SUMMARY

(Please complete both pages of this form)

Co	ounty:	
Pe	rson completing form:	
Ph	ione number:	
Fa	x number:	
En	nail address:	
Da	ate summary completed:	
1.	Total number of polling sites in county:	
2.	Total number of polling sites not surveyed:	
3.	Total number of polling sites found to be accessible *:	
4.	Total number of polling sites found to be <u>inaccessible</u> :	
	NOTE: THE SUM OF #3 AND #4 MUST EQUAL #1.	
5.	Of those polling sites found to be inaccessible, how many will be permanently or temporarily altered? (Please list the polling site name, address, precinct number, and the modifications needed on the second page of this form.)	
6.	Of those polling sites found to be inaccessible, how many will be relocated? (Please list the polling site name, address, and precinct number on the second page of this form.)	
	NOTE: THE SUM OF #5 AND #6 MUST EQUAL #4.	
7.	Of those polling sites found to be <u>inaccessible</u> , how many are inaccessible d	ue to:
	a. Parking	
	b. The route to the building	
	c. The route inside the building	
	d. Doors	
8.	Prior to election day, will public notice of the accessibility or YNo inaccessibility of the polling sites be provided as required by 28 CFR § 35.106?	es

 $^{^{*}}$ Accessible is defined as meeting all the requirements outlined on the polling site accessibility checklist.

County:				
LIST ONLY INACCESSIBLE SITES				
Polling site name and address:				
Modifications needed to bring site into	Type of building compliance:			
Modifications needed to bring site into	Type of buildingcompliance:			
Polling site name and address:				
Modifications needed to bring site into	Type of building compliance:			
Polling site name and address:				
Precinct No Modifications needed to bring site into	Type of building compliance:			
Polling site name and address:				
Precinct No.	Type of building			
Modifications needed to bring site into	compliance:			
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